

HellerEhrman LLP

June 27, 2007

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John P. DeFilippis, Esq.
Carroll, McNulty & Kull L.L.C.
570 Lexington Ave., 10th Floor
New York, NY 10022

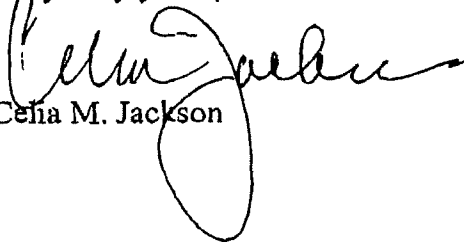
Re: *United States Fire Ins. Co. v. Luxottica U.S. Holdings Corp., et al.*

Dear Mr. DeFilippis

Enclosed please find two Acknowledgements of Receipt by Mail for the following entities: (1) EyeMed Vision Care, LLC and (2) EYEXAM of California, Inc. (fka EyeMed, Inc.). Please note that plaintiff has incorrectly named as a defendant "EyeMed, Inc.," which is now known as EYEXAM of California, Inc. Plaintiff has also incorrectly named as a defendant "EYEXAM 2000." We are not aware of any entity named EYEXAM 2000, and to our knowledge, plaintiff has not purported to serve EYEXAM 2000 with the summons and complaint.

EyeMed Vision Care, LLC and EYEXAM of California, Inc. accept service without waiver of any rights or defenses, including but not limited to defenses based on jurisdiction and venue.

Very truly yours,


Celia M. Jackson

Enclosures

Heller Ehrman LLP 333 Bush Street San Francisco, CA 94104-2878 www.hellerehrman.com

Beijing Hong Kong London Los Angeles Madison, WI New York San Diego San Francisco Seattle/Anchorage Silicon Valley Singapore Washington, D.C.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
UNITED STATES FIRE INSURANCE COMPANY,

Index No.: 07338/07

Plaintiffs,

ACKNOWLEDGEMENT

-against-

LUXOTTICA U.S. HOLDINGS CORP., LUXOTTICA
GROUP S.p.A., UNITED STATES SHORE CORPORATION,
LENSCRAFTERS, INC., EYEMED, INC., EYEMED VISION
CARE LLC, EYEXAM 2000, LIBERTY MUTUAL FIRE
INSURANCE COMPANY, MARKEL AMERICAN INSURANCE
COMPANY, WESTCHESTER FIRE INSURANCE COMPANY,

Defendants.
-----X

**STATEMENT OF SERVICE BY MAIL AND
ACKNOWLEDGEMENT OF RECEIPT BY MAIL OF
SUMMONS AND COMPLAINT**

A. STATEMENT OF SERVICE BY MAIL

To: Eyemed Vision Care LLC, 4000 Luxottica Place, Mason, Ohio 45040-8114. The enclosed Summons and Complaint are served pursuant to Section 312-a of the Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgement part of this form and mail and deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible before the thirty (30) days expire.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in

serving the Summons and Complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

If you have received a Complaint with this statement, the return of this statement and acknowledgement does not relieve you of the necessity to answer the Complaint. The time to answer expires twenty (20) days after the day you mail or deliver this form to the sender. If you wish to consult with an attorney, you should do so as soon as possible before the twenty (20) days expire.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

**B. ACKNOWLEDGEMENT OF RECEIPT
OF SUMMONS AND COMPLAINT**

I received a Summons and Complaint in the above-captioned matter at Eyemed Vision Care LLC, 4000 Luxottica Place, Mason, Ohio 45040-8114.

IF #2 IS CHECKED, COMPLETE AS INDICATED:

1. ☒ I am not in the military.
2. ☐ I am in military service, and my rank, serial number and branch of service are as follows:

Rank: _____

Serial Number: _____

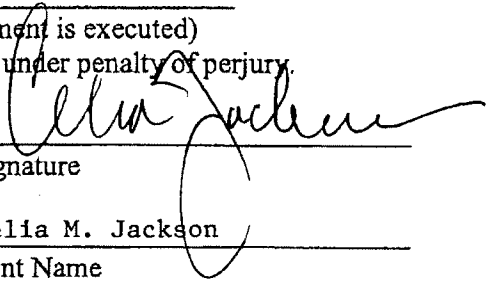
Branch of Service: _____

**TO BE COMPLETED REGARDLESS OF
MILITARY STATUS**

Date: June 27, 2007

(Date this Acknowledgement is executed)

I affirm the above is true under penalty of perjury.



Signature

Celia M. Jackson

Print Name

EyeMed Vision Care LLC

Name of Defendant for which acting

Attorney

Position with Defendant for which acting
(i.e., officer, attorney, etc.)

PLEASE COMPLETE ALL BLANKS INCLUDING DATES

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

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UNITED STATES FIRE INSURANCE COMPANY,

Index No.: 07338/07

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ACKNOWLEDGEMENT

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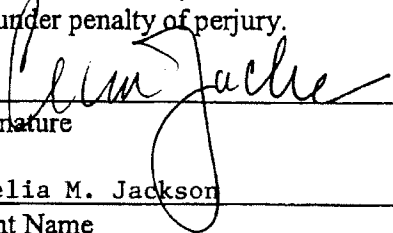
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Serial Number: _____
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I affirm the above is true under penalty of perjury.


Signature

Celia M. Jackson
Print Name

EYEXAM of California, Inc. (fka EyeMed, Inc.)
Name of Defendant for which acting

Attorney
Position with Defendant for which acting
(i.e., officer, attorney, etc.)

PLEASE COMPLETE ALL BLANKS INCLUDING DATES